

NO. COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	✓
FILE	✓
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL ✓ GAS ✓
OPERATOR	
PROMOTION OFFICE	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

RECEIVED

SEP 13 '88

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Sun Expl. & Prod. Co. ✓
Address P. O. Box 1861 Midland, Texas 79702
Reason(s) for filing (Check proper box)
 New Well
 Recompletion
 Change in Ownership
 Change in Transporter of:
 Oil
 casinghead Gas
 Dry Gas
 Condensate
 Other (Please explain)
Adding oil and casinghead gas transporter. Well back on production.
 If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE
 Lease Name Mobil 22 Federal Well No. 7 Pool Name, including Formation, Brushy Draw-Delaware Kind of Lease Federal Lease No. NM22634
 Location: Unit Letter F : 1905 Feet From The North Line and 1780 Feet From The West
 Line of Section 22 Township 26-S Range 29-E NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 Name of Authorized Transporter of Oil or Condensate
Navajo Refining Company Address (Give address to which approved copy of this form is to be sent) Drawer 159, Artesia, NM 88210
 Name of Authorized Transporter of Casinghead Gas or Dry Gas
Conoco, Inc. Address (Give address to which approved copy of this form is to be sent) Rt. 12, Box 2803, Odessa, Texas 79763
 If well produces oil or liquids, give location of tanks. Unit P Sec. 22 Twp. 26 Rge. 29 Is gas actually connected? No When _____

If this production is commingled with that from any other lease or pool, give commingling order number: _____
 NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE
 I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.
Jan Stevenson
 Sr. Accounting Assistant
 Sept. 8, 1988
 A/C 915-688-0377 (Date)

OIL CONSERVATION DIVISION
 APPROVED SEP 14 1988
 BY Original Signed By
Mike Williams
 TITLE _____
 This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil well X	Gas well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
Date Spudded 10-25-87	Date Compl. Ready to Prod. 2-26-88		Total Depth 5505		P.B.T.D. 5174				
Elevations (DF, RKB, RT, CR, etc.) 2892.5'GL	Name of Producing Formation Delaware		Top Oil/Gas Pay 4988		Tubing Depth 4919				
Perforations 4988 - 5010							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4		8 5/8		35		172sx. circ. 50sx.			
7 7/8		5 1/2		5174		200sx.			
		2 7/8		4919					

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 2-26-88		Date of Test 2-26-88		Producing Method (Flow, pump, gas lift, etc.) Swab.			
Length of Test 24 hr.		Tubing Pressure 0		Casing Pressure 200#		Choke Size open	
Actual Prod. During Test		Oil - Bbls. 60		Water - Bbls. 240		Gas - MCF 46	

GAS WELL

Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pilot, back pr.)		Tubing Pressure (shut-in)		Casing Pressure (shut-in)		Choke Size	